

# MONTHLY STATUS REPORT

COUNTY LOCATION: \_\_\_\_\_

MONTH AND YEAR: \_\_\_\_\_  
(revised – 1/04)

## TOTAL NUMBER OF UNITS LEASED

This report MUST be prepared and mailed on the 1st day of each month for the units under lease as of the first day of that month. Remember you must report activity only for the month you are submitting. Example: If you have one family port out in June, then for the month of June you would list one family under Portable Move-Outs and the effective date.

<b># UNITS LEASED</b> INCLUDES 0 HAP	<b>HARD TO HOUSE FEE</b>		<b>HOME OWNERSHIP</b> TOTAL # _____	
Vouchers	EFF.	NEW CLIENT #	EFF.	NEW CLIENT #
<b># VOUCHER</b> HOLDERS LOOKING				
Vouchers				

<b># ELDERLY</b> HEAD OF HOUSEHOLD AGE 62 AND ABOVE	<b>FAMILY SELF SUFFICIENCY</b> TOTAL# _____		<b>PORTABLE MOVE-OUTS</b> TOTAL # _____	
Vouchers	EFF.	NEW CLIENT #	EFF.	CLIENT #
<b># DISABLED</b> HEAD OF HOUSEHOLD				

(An elderly disabled person would be counted in this section as well)

NOTES:

### **CERTIFICATION:**

I certify to the best of my knowledge and belief that 1) the dwelling units covered by this request are in decent, safe and sanitary condition; 2) the amount requested for each unit has been calculated in accordance with the provisions of the Housing Assistance Payments Contract; 3) none of the amounts claimed has been previously claimed or paid; and 4) all other facts on which the request for funds is based are true and correct.

\_\_\_\_\_  
(Signature of Agency Representative)

\_\_\_\_\_  
(Date Prepared)